Form **990**

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning OCT 1, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.

and ending SEP 30, 2016

Open to Public

В	Che	eck if	C Name of organization			D Employer ider	ntification number	
г		Addres change		on				
F		cnange Name change		OII		46.	-4577178	
Ë	-1	cnange Initial return	Doing business as Number and street (or P.O. box if mail is not deli	Ivered to street address)	Room/suite	E Telephone nur		—
F		Final	8655 Explorer Dr.	ivered to street address)	Trouite		9-278-4400	
L-	I	return/ term:n- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,858,79	6.
Г	٦,	Amend return	and the first term of the second seco	80920		H(a) Is this a grou		-
Ē		Applica tion				for subordina		No
	i	pendin	same as C above			H(b) Are all subordina		No
T	Ta	x-exe			or 527	4 ' '	ch a list. (see instructions)	
			www.familypolicyallian			H(c) Group exem	•	
\overline{K}	For	m of	organization: X Corporation Trust Ass	sociation Other	L Year		4 M State of legal domicile:	<u>co</u>
P	ar		Summary		•			
	Τ	1 1	Briefly describe the organization's mission or most	significant activities: We i	nspire	and educa	ate biblical	
Activities & Governance			citizens, equip statesmen					
ř		2 (Check this box 🕨 📖 if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its ne	et assets.	
Š		1 8	Number of voting members of the governing body	(Part VI, line 1a)			3	8
ه 9		4 1	Number of independent voting members of the gov	verning body (Part VI, line 1b)		.]	4	8
es			otal number of individuals employed in calendar y	ear 2015 (Part V, line 2a)			5	0
Σį	1		otal number of volunteers (estimate if necessary)_		 -		6	10
Act			otal unrelated business revenue from Part VIII col		.		7a	0.
	╀	1 d	let unrelated business taxable income from Form S		٠, اب		'	0.
		_	Contributions and grants (Part VIII, line 1h)	JUN 27 2017		Prior Year	Current Year	
e			1] . 3011. 2. 2011.	ઝે∤.	302,35		ႌ
Revenue			Program service revenue (Part VIII, line 2g)	l (₹ · —	17	0. 8. 1,37	!
Re		10	nvestment income (Part VIII, column (A), lines 3, 4,	anogotin, ut			0.	ᆢ
	1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c;		·	302,53	· · ·	"
_	+-		otal revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (A	·	•	54,00		
			Benefits paid to or for members (Part IX, column (A		•		0.	0.
"	1		calaries, other compensation, employee benefits (F	• • • • • • • • • • • • • • • • • • • •	-	219,73	~ ~	
Expenses			Professional fundraising fees (Part IX, column (A), li		• -		0.1	0.
per			otal fundraising expenses (Part IX, column (D), line	400 0	00.	Part was a second		
Щ	١,		Other expenses (Part IX, column (A), lines 11a-11d,	· · · · · · · · · · · · · · · · · · ·		161,09	701,68	9.
			otal expenses. Add lines 13-17 (must equal Part I)		•	434,82		
	1		tevenue less expenses. Subtract line 18 from line			<132,29	4.> <78,29	4.
200	3				Be	ginning of Current Ye	ear End of Year	
sets or	2	20 T	otal assets (Part X, line 16)			58,48		
t As		21 T	otal liabilities (Part X, line 26)			190,10		
월			let assets or fund balances. Subtract line 21 from	line 20	· · _	<131,62	0.> <209,91	4.
_			Signature Block					
			ies of perjury, I declare that I have examined this return, i				of my knowledge and belief, it	i IS
true	, cc	orrect,	and complete. Declaration of preparer (other than officer	r) is based on all information of w	hich preparer	has any knowledge.	Haulia	
			Signature of officer			I Date	5/24/11	
Sig		- 1	Paul Weber, President/	Ω¤Λ		Date		
He	re	ĺ	Type or print name and title	CEO				—
		-+	<u></u>	Preparer's signature.		Date Check	PTIN	—
Pai	d		David C. Moja	David C.		if		
Pre		-	Firm's name Capin Crouse LLP	Numer C.		Firm's EIN		
Use	-		irm's address 2435 Research Par	rkway, STE 200		THE COLIN	<u></u>	
- •		·	Colorado Springs			Phone no.	719-528-6225	
Ma	v th	ne IR:	discuss this return with the preparer shown above				77	No
		12-16			ons.		Form 990 (20	_

532002 12-16-15 Form 990 (2015) Family Policy Foundation
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	i
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	.0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	'	37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱		x
.	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	l .		
_	complete Schedule G, Part III	19	000	X
		Form	990	(2015)

Form 990 (2015) Family Policy Foundation
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L .	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			į
	instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			X
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	==		
- 1	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations]		
	sections 301.7701-2-and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256	:	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	🍑		 -
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Ë		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2015)

Form	990 (2015) Family Policy Foundation	46-4577	178	Р	age 5
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			,
	Did the organization comply with backup withholding rules for reportable payments to vendors and rules.			i	}
С		sportable garning	1c	x	- 7
0-	(gambling) winnings to prize winners?	1 1	-!-		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22 0			
	filed for the calendar year ending with or within the year covered by this return	L <u>e</u>			- 1
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the second of the control of th		2b		 ,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5) .		- ~	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	^	3a_		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b_		├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	- · · · · · · · · · · · · · · · · · · ·			₩.
	financial account in a foreign country (such as a bank account, securities account, or other financial	account) ²	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			}
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts)
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				<u> </u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	•	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
ə h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- ' ' '		
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	 	 ,
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		لب
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10			95		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a]]]
a	•	10b	1	}]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1001	ļ]] !
11	Section 501(c)(12) organizations. Enter.	المعدا	l		, '
	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against	445	ĺ	[
40	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	{	ſ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O.		ł	}	}
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	l	1
	organization is licensed to issue qualified health plans	13b	l	1	
С	Enter the amount of reserves on hand	13c	L	<u> </u>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O	14b	l l	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			;
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			اا
	officer, director, trustee, or key employee?	_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ļ ,		
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	 -
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>		
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	}		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		 	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X_	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ļ	l	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	L
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	 	Ì	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ا ــــــ ا
	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	l	İ	ļ
-16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	l	1	
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, CO, FL, GA, HI, IL, KY			, MN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Rich Caldwell - 719-278-4400			
	8655 Explorer Dr., Colorado Springs, CO 80920			

Form 990 (2015) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization						npei	nsat			
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than o				one	Reportable	Reportable	Estimated
	hours per			ss person is both a nd a director/trustee				compensation from	compensation from related	amount of other
	week		Γ				广	the	organizations	compensation
	(list any hours for	jue j	ļ		,]	ļ	organization	(W-2/1099-MISC)	from the
	related	6 OT (寶			sate	Ì	(W-2/1099-MISC)	(** 27 1030 1/1100)	organization
	organizations	ruste	E E		a	뻍	ĺ	(11 2) 1000 111100)		and related
	below	jual	to it	_	율	3 g	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E G			
(1) Lt. Gen. Patrick P. Caruana, MS	0.50			П		Г				
Chairman		X		X	L_		<u> </u>	0.	0.	0.
(2) Jim Goodloe	0.50							-		
Vice Chairman		X		X	L	L		0.	0.	0.
(3) Steve Taylor	0.50	}	ļ			ļ	ļ	_	_	
Board Member		X	_	Ш	<u> </u>	<u>L</u>	L_	0.	0.	0.
(4) Dan Mellema	0.50	<u>ا ـ</u> ــا	ļ	1	1	l	ļ			
Board Member		X	<u> </u>	Ш	\vdash	<u> </u>	<u> </u>	0.	0.	0.
(5) Doug Napier	0.50	١.,	(1	1	ĺ	(1		_
Board Member		X	┞	\vdash	⊢	-	<u> </u>	0.	0.	0.
(6) Michael Geer Board Member	0.50	\	l		ł	l	l	0.	0.	0.
(7) Ladonna Lee	0.50	X	├	₩	⊢	-	-	·		<u></u>
Board Member		X	l	} }	l	l	ł	0.	0.	ο.
(8) Tim Goeglein	0.50	123	├	\vdash	┢╌	├~	-	· · ·	-	
Board Member	0.50	\mathbf{x}	l	} }	ŀ	ł	}	0.	0.	0.
(9) Sonja Swiatkiewicz	12.00		T	\vdash	\vdash		-		 	
Secretary/Dir. Marketing	33.00	1	}	$ \mathbf{x} $	1	ŀ	1	0.	89,253.	16,493.
(10) Rich Caldwell	33.00		厂	П	Г					
Treasurer/Director of Bus	12.00	1_	<u>_</u>	X	<u> </u>	L	<u>L</u>	0.	88,878.	21,853.
(11) Paul Weber	20.00		Γ	П			Π			
President/CEO	25.00	<u></u>	_	X	L	<u>L</u>	L	0.	129,823.	18,780.
(12) Thomas A. Minnery	24.00					1	ĺ	_		
Former President/CEO	<u> </u>	L	匚	igsqcup	L.	<u> </u>	X	0.	134,429.	8,738.
		1	{	ļi	Ì	1	İ			
	ļ	<u> </u>	<u> </u>		 	<u> </u>	ļ	<u> </u>	 -	<u> </u>
		{	ł		l	Ì	l	ţ	{	{
		┼-	-	 	⊬	├-	├	 	 	
		ł	ł			1	1	ł		1
	 	╁╴	\vdash	\vdash	 	t^-	┢	 	 	
		1	ł		1		ł	}	1	ļ
		1	H	\vdash	\vdash	t^{-}	十一			
		1	ŀ		-			1	Į	
							Ь			E 000 (004.5)

Form 990 (2015) Family P		_			_				46-4	<u>5771</u>	<u> 178</u>	P	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box, offic	not c		c) ition more irson	than	one h an	- (D) Reportable compensation from	es (continued) (E) Reportable compensatio from related	on	an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI\$		fr orga and	pensa om th anızat d relat anızatı	ie tion teď
	<u> </u>		_		_								
				_	_	_		\ 					
			<u> </u>		_	_	_	 	 				
		_	_	-	-	_		 	 				
			-	-	-	_	_	 		_			
			_	-	-	_	_	 		_			
			-	-	-	-	-						
1b Sub-total			L_	<u> </u>	<u> </u>	<u>L</u>	\	0.	442,3	83.	6	5,8	64.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)				_			<u> </u>	0.	442,3	83.	6	5,8	64.
Total number of individuals (including but recompensation from the organization	not limited to th	nose 	liste	ed a	pove	e) wi	no r	eceived more than \$100 	U,000 of reportab	le 		Yes	0 No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on		3	X	
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion t	from	any	/ นกเ			ridual for services	; 	 5	-	x
Section B. Independent Contractors 1 Complete this table for your five highest co		dase						that received more than	\$100,000 of oor		ation (
Complete this table for your five highest compensation. Report compensation for	•	-								npensa	ationi	TOIT	
(A) Name and business	address	N	INC	E				(B) Description of s	services	- cı	ompe		on
							_			ļ			
					_		_						
					_		-						
2 Total number of independent contractors (including but r	not lu	— mite	ed to	tho	se (ı	stec	d above) who received r	nore than				
\$100,000 of compensation from the organ	zation >		_			0						000	(2015)

46-4577178 Page 9

Total revenue overhuld a Federated campaigns by Membership dues 1 10 1 10 1 10 1 10 1 10 1 10 1 10 1	-		Check if Schedule O conf	tains a response	or note to any lii			781	
1						(A) Total revenue	exempt function	business	Revenue excluded from tax under
Business Code 2 a	ts s	1 a	Federated campaigns	1a					
Business Code 2 a	rau		· · ·						
Business Code 2 a	اقي		•			1			
Business Code 2 a	# 2		-			1			
Business Code 2 a	3.E		-	·					
Business Code 2 a	ë ë		= ,			i			
Business Code 2 a	돌힐	•			795.571.				
Business Code 2 a	調り	~			63.074	ĺ			
Business Code 2 a	동	_		s ia-11 5		1 795 571	j		j
2 a b d d d d d d d d d d d d d d d d d d	= " 		Total: Add lines ta-11						
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 10 a Gross-income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Susiness Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 1,796,942. 0 . 0 . 1,371.		2 0			Business Code				
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 10 a Gross-income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Susiness Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 1,796,942. 0 . 0 . 1,371.	Š								
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 10 a Gross-income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Susiness Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 1,796,942. 0 . 0 . 1,371.	اڌ ۾								
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 10 a Gross-income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Susiness Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 1,796,942. 0 . 0 . 1,371.	E E								}
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 10 a Gross-income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Susiness Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 1,796,942. 0 . 0 . 1,371.	Reg					— — — — — — — — — — — — — — — — — — —			
Total, Add lines 2a2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss) 4 Net gain or (loss) 5 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 10 a Gross-income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Susiness Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue, See instructions. 1,796,942. 0 . 0 . 1,371.	٥	_							
3 investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 a Gross rents 6 Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) 6 10. 6 1	_		• =	enue					}
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties Gaross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	\rightarrow								
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 61.854. 61.854. 610. 8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less; direct expenses c Net income or (loss) from fundraising events 9 a Gross-income from gaming activities. See Part IV, line 19 b Less; direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. (ii) Personal (iii) Personal (iiii) Personal (iii) Personal (iii) Personal (iii) Personal (iii) Persona	,	3	, -	dividends, intere	est, and	7.61			7.61
Second Process Seco	ĺ		•		•	/61.			/61.
(i) Real (ii) Personal (ii) Personal (iii) Person	J	4	Income from investment of ta	x-exempt bond p	roceeds				
6 a Gross rents b Less, rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) 6 10. 6 1		5	Royalties		▶				
b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses c Gan or (loss) d Net gan or (loss) 610. 610. 610. 610. 610. 610. 610. 610.	l			(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 61.854. 610. 610. 610. 610. 610. 610. 610. 610	ļ	6 a	Gross rents						1
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 b Less; direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less; direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue e Total, Add lines 11a-11d 12 Tatal revenue. See instructions.		þ	Less, rental expenses		<u></u>				}
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 61,854. c Gain or (loss) 610. 8 a Gross income from fundraising events (not including \$	1	c	Rental income or (loss)			w			
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		d	Net rental income or (loss)						
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross-income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	- 1	7 a	Gross amount from sales of	(i) Securities	(II) Other				i
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	1		assets other than inventory	62,464.]			
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross-income-from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 610. 610. 610.		b	Less: cost or other basis			1			i
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses			and sales expenses						!
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Í	C	Gain or (loss)	610.	- I]			
including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities contributions and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	- 1	d	Net gain or (loss)			610.			610.
including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities contributions and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	اما			ng events (not					
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gress-income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.			including \$	of		1			
c Net income or (loss) from fundraising events 9 a Gress-income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 a Total revenue. See instructions. 1 a Total revenue. See instructions.	ě								
c Net income or (loss) from fundraising events 9 a Gress-income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 a Total revenue. See instructions. 1 a Total revenue. See instructions.	<u>بر</u>		Part IV, line 18	а	ĺ	([
c Net income or (loss) from fundraising events 9 a Gress-income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 a Total revenue. See instructions. 1 a Total revenue. See instructions.	홅	b	Less: direct expenses	b		7			
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1 a	0			draising events	<u> </u>	1			_
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.									
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b Less: direct expenses b c less: direct expenses b les	Ì								
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 1 1 2 796,942. 1 1 371.	1	ь				1			-
10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	Į			nıng actıvıtıes]
and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.									
b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. b					}	1			}
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		ь				1			
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	i	ľ	_	-					
11 a b c d All other revenue e Total. Add lines 11a-11d					Business Code				1
b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 11,796,942. 0. 0. 1,371.		11 -							
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,796,942. 0. 0. 1,371.					 	 			
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 1,796,942. 1,796,942. 0. 1,371.						 	 		
e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 1,796,942. 0. 0. 1,371.						 			
12 Total revenue. See instructions. ► 1,796,942. 0. 0. 1,371.						 			
		i				796 942			1 371
	E2222					<u> </u>			

Form 990 (2015) Family Policy Foundation
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations)	
	and domestic governments. See Part IV, line 21	245,500.	245,500.		
2	Grants and other assistance to domestic			Ì	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	ļ			
	organizations, foreign governments, and foreign				ŀ
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 120	110 572	60 700	11 057
	trustees, and key employees	203,139.	119,573.	68,709.	14,857.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	60 217	47 022	12 662	6 022
	persons described in section 4958(c)(3)(B)	68,317.	47,822. 547,201.	13,663.	6,832.
7	Other salaries and wages	656,591.	347,201.	00,113.	43,475.
8	Pension plan accruals and contributions (include		}	ļ	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			 	
10	Payroli taxes			 +	
11	Fees for services (non-employees)	ł			
_	Management	7,604.	6,463.	1,141.	
b	Legal	1,656.	0,403.	1,656.	
	Accounting	1,030.		1,030.	
d	Lobbying Professional fundraising convince. See Bort IV, line 17.				
e	Professional fundraising services. See Part IV, line 17	911.		911.	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	126,354.	96,167.	2,717.	27,470.
12	Advertising and promotion		3072071		2772700
13	Office expenses	5,279.	4,352.	709.	218.
14	Information technology	55,380.	46,646.	4,695.	4,039.
15	Royalties				
16	Occupancy	23,048.	19,591.	2,305.	1,152.
17	Travel	53,837.	45,361.	827.	7,649.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	222,128.	219,787.	700.	1,641.
20	Interest				
21	Payments to affiliates				
-22-	Depreciation, depletion, and amortization				
23	Insurance	15,314.	12,251.	3,063.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) Misc Project Expenses	72,719.	64,717.		8,002.
a	Printing & Publications	69,386.	55,589.		13,797.
b	Postage & Shipping	33,439.	26,888.	134.	6,417.
q	Radio, Video & Email	2,806.	41.	415.	2,350.
d		11,828.	8,922.	2,905.	1
95	Total functional expenses. Add lines 1 through 24e	1,875,236.	1,566,871.	170,665.	137,700.
25 26	Joint costs. Complete this line only if the organization	,,,	2,300,0,10	2,0,000	
20	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)			ļ	
	(ASC 938-720)	<u> </u>		<u></u>	

Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 19,425. 660,169. Cash - non-interest-bearing 11,466. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 2,600. 208. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7 Inventories for sale or use 8 36,456. 11,740. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 58,481. 683,583. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 190,101.893,497. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 190,101. 893,497. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here \(\bigset \bigset \bigset \bigset \bigset \bigset \bigset \bigset \limits \alpha \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <259,689.> <136,195. 27-Unrestricted net assets 4,575. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds <209,914.> <131,620. 33 Total net assets or fund balances 58,481. 683,583. Total liabilities and net assets/fund balances

Form	n 990 (2015) Family Policy Foundation	46-45	77178	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	11	1,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,87		
3	Revenue less expenses. Subtract line 2 from line 1	3			94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<13:	L,6	<u> 20.</u> :
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<209	9,9	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate basis,			
	consolidated basis, or both:]]] [
	Separate basis X Consolidated basis Doth consolidated and separate basis		1 1		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audit,	1		,
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S		1 1		
	Act and OMB Circular A-133?	-	За		X.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uired audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•	3b		1

Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	lame of the organization Employer identification number												
	Family Policy Foundation 46-4577178 art I Reason for Public Charity Status (All organizations must complete this part) See instructions.												
	_						e instruction	s					
The o	rgar	nization is not a private found	•	· · · · · · · · · · · · · · · · · · ·	-								
1 L	믁	A church, convention of ch	·			• • • •	i)(A)(i).						
2 L	==	A school described in secti											
3 L	믁	A hospital or a cooperative	_					· -	O. I. A. B				
4 l		A medical research organiz	ation operated in co	njunction with a nospita	described	ın sectio	n 1/0(0)(1)(A)(III). Enter	the nospital's name,				
- [city, and state:	artho bosoft of a se	lla ma an unusuantu augus	d or operate	had bu a a		unit danami	and in				
5 l		An organization operated for section 170(b)(1)(A)(iv). (C		niege or university owner	o opera	ted by a g	overnmentan	anit descrit	jed in				
6	\neg			nental unit described in	section 17	70(h)(4)(A)	(v)						
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
в [A community trust describe	· ·	(1)(A)(vi). (Complete Par	t II)								
9 [\equiv	An organization that norma				contribution	ons, members	ship fees, a	nd gross receipts from				
		activities related to its exen	•	·	-			•					
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
10		An organization organized a	and operated exclus	ively to test for public sa	fety. See :	section 50	9(a)(4).		Y				
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	purposes of one or				
		more publicly supported or	ganızations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section :	509(a)(3). C	Check the box in				
		lines 11a through 11d that											
а	L_	☐ Type I. A supporting organical interpretation in the properties of the proper		=									
		the supported organization		-	a majority o	of the dire	ctors or truste	es of the s	upporting				
	_	organization You must o			A			(-)					
b	L	☐ Type II. A supporting org											
		control or management o	· · · · · ·		ame perso	ons that co	ontroi or mani	ige ine sup	рропеа				
_	_	organization(s) You mus	•		in connoc	tion with	and functions	lly intograti	ad with				
С		Type III functionally inte its supported organization	-					my milegrad	sa with,				
d	Γ	Type III non-functionally						rted organi	zation(s)				
_		that is not functionally int						-					
		requirement (see instruct	-	-									
е		Check this box if the orga	•	•				II, Type III					
		functionally integrated, or											
f	Ent	er the number of supported o	organizations										
<u>g</u>	Pro	vide the following information											
	,	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) Is the o	rganızatıon n your	(v) Amount o		(vi) Amount of				
—–		Organization		above (see instructions))_	governing		suppor	•	other support (see				
					Yes	No							
						ļ	}						
					 								
					1	[
					 				 				
				1	1								
	_				<u> </u>								
					L.]			1				
					L	<u> </u>	L						
				_		ł							

Schedule A (Form 990 or 990-EZ) 2015 Family Policy Foundation 46-45771 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	İ]		
	ınclude any "unusual grants.")				302,356.	1,795,571.	2,097,927.
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to	Į]		
	or expended on its behalf			<u> </u>	_		
3	The value of services or facilities				T T		
	furnished by a governmental unit to	1					
	the organization without charge			<u> </u>			
4	Total. Add lines 1 through 3				302,356.	1,795,571.	2,097,927.
5	The portion of total contributions]			
	by each person (other than a				1		
	governmental unit or publicly	1		}			
	supported organization) included	·		ł	1		
	on line 1 that exceeds 2% of the				İ		
	amount shown on line 11,			}			
	column (f)						8,116.
6	Public support. Subtract line 5 from line 4						2,089,811.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				(d) 2014 302, 356.	1,795,571.	2,097,927.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	I		Į	1		
	and income from similar sources			<u> </u>	178.	761.	939.
9	Net income from unrelated business						
	activities, whether or not the	 -			1 (
	business is regularly carried on		_	l			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)			<u> </u>	<u> </u>		
11	Total support. Add lines 7 through 10						2,098,866.
12	Gross receipts from related activities,	etc (see instructi	ons)	_		12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	501(c)(3)	
_	organization, check this box and stop						<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	-	·		
14	Public support percentage for 2015 (I	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2014		•		Ĺ	15	%
-16 a	33 1/3% support test - 2015. If the c				e 14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•	_			
b	33 1/3% support test - 2014. If the o	_			nd line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the "fac					t VI how the organi	zation
	meets the "facts-and-circumstances"	_			-	·	
b	10% -facts-and-circumstances test	t - 2014. If the org	anızatıon dıd not	check a box on lir	ne 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ie "facts-and-circu	ımstances" test, o	check this box and	d stop here. Explaın	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	olicly supported orga	nization	▶∐
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>5a, 16b, 17a, or 17</u>	7b, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015 Family Policy Foundation

[Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	slow, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(5) 25 12	(0) 20.0	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	1.7.1.5 (2.1.
·	membership fees received. (Do not include any "unusual grants")					}	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						_
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	=					
	Total support. (Add lines 9, 10c, 11, and 12)	Al · · · ·		<u> </u>	<u></u>	F04()(0)	
14	First five years. If the Form 990 is for	tne organization's	s tirst, second, thii	α, τουπη, or titth t	ax year as a section	on 501(c)(3) organiz	ation,
Se	check this box and stop here ction C. Computation of Publi	c Support Pe	rcentage				<u> </u>
	Public support percentage for 2015 (III			column (fl)		15	%
	Public support percentage from 2014	, ,	-	50,0,1,1,1,1,1,1		16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2015. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box ar	•					ightharpoons
ı	b 33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anizatıon qualifıes	as a publicly supp	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A

Section A. All Supporting Ord	anizations
Sections A, D, and E. If y	ou checked 11d of Part I, complete Sections A and D, and complete Part V.)
and B. If you checked 11	b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		ļ	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			}
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			:
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
_	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	 3c		J
10	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>	-	
74	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		نــــ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			+
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1	!
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			ال ـ ا
	designated in the organization's organizing document?	5b_		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		——,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			;
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			!
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		}
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	:		
	regard-to-a-substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			==
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	}	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	<u> </u>	
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		,	

determine whether the organization had excess business holdings)

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}]]	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	ļj	1 }
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the) }	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		Ĺ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		}	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
53202	5 09-23-15 Schedule A (Fo	rm 990 or 9	90-EZ	2015

Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6		·			
Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see						
 instructions).						

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

2

1

2

<u>3</u>

5

Schedule A (Form 990 or 990-EZ) 2015

che	dule A (Form 990 or 990-EZ) 2015 Family Polic	y Foundation		6-4577178 Page
Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
ecti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
<u>. </u>	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
<u> </u>	Other distributions (describe in Part VI). See instructions.			
<u>,</u>	Total annual distributions. Add lines 1 through 6.			
3	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
ecti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015			
а				
b	'			
c	<u> </u>			
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h_	Applied to 2015 distributable amount	<u></u>		<u> </u>
<u>i_</u>	Carryover from 2010 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>		
	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b_	Applied to 2015 distributable amount			<u></u>
c_	Remainder. Subtract lines 4a and 4b from 4.			
;	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			<u> </u>
;	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			}
	instructions)	<u> </u>		
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c			
	Breakdown of line 7.			
		 	 	

Schedule A (Form 990 or 990-EZ) 2015

b

c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A	Form 990 or 990-EZ) 2015 Family Pol:	icy Foundation	46-4577178 Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section D, lin	explanations required by Part II, line 10, Part II, line 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; E, lines 2, 5, and 6. Also complete this part for any	17a or 17b; Part III, line 12; lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	···		
	- 		
	 		
	 		
			
			
			<u></u>
			
			

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	, (occ coparate mod demone), men				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
Nan	ne of organization			Empl	oyer identification number
	Family	Policy Foundation	<u> </u>		46-4577178
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organiz	zation's direct and indirect political	campaign activities ir	n Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c),	except section 501(c)(3).
1	Enter the amount directly expende	d by the filing organization for sect	ion 527 exempt funct	ion activities	<u> </u>
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	mployer identification number (EIN)	of all section 527 pol	itical organizations to whic	h the filing organization
	made payments For each organiza	ition listed, enter the amount paid	from the filing organiz	ation's funds. Also enter th	e amount of political
	contributions received that were pr		, ,		te segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	le information in Part I	V	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
		}	}	funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
				<u> </u>	
		}	ł		
				-	
	•				
				-	
			ĺ		l .

Schedule C (Form 990 or 990 EZ) 2015 F Part II-A Complete if the orga	amily I	Policy Foundation of the Policy Foundation of	on on 501(c)(3) and fil	46-4 ed Form 5768 (e	577178 Page 2 lection under
section 501(h)). A Check ▶ ☐ If the filing organizati	on belongs to	an affiliated group (and list i	n Part IV each affiliated	group member's nam	e address FIN
	-	bying expenditures).	Traitiv odom animatod	group mombor o nam	o, addrood, Ent,
. —		ox A and "limited control" pr	ovisions apply.		
Limits		g Expenditures s amounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public o	oinion (grass roots lobbying)	_		
b Total lobbying expenditures to influe			·		
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures	S			1,875,236.	
e Total exempt purpose expenditures	(add lines 1c	and 1d)		1,875,236.	
f Lobbying nontaxable amount. Enter	the amount f	rom the following table in bo	th columns.	243,762.	<u>. </u>
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:					
Not over \$500,000	2	0% of the amount on line 1e			
Over \$500,000 but not over \$1,000,		100,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		175,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		225,000 plus 5% of the exce			
Over \$17,000,000					
·					
g Grassroots nontaxable amount (ent	er 25% of line	1f)		60,941.	
h Subtract line 1g from line 1a If zero	or less, enter	-0-		0.	
i Subtract line 1f from line 1c. If zero	or less, enter	.0-		0.	
j If there is an amount other than zero	on either line	e 1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	ear?	_		[Yes No
(Some organizations that	at made a se	ear Averaging Period Under ction 501(h) election do not separate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying	Expenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount		9,514.	86,966.	243,762.	340,242.
b Lobbying ceiling amount					510,363.
(150% of line 2a, column(e))					210,303.
c Total lobbying expenditures					
d Grassroots nontaxable amount		2,379.	21,742.	60,941.	85,062.
e Grassroots ceiling amount (150% of line 2d, column (e))					127,593.
f Grassroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2015 Family Policy Foundation 46-4577178 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?		-		
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 		-		
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
 c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
 e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? 				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		_		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	tion 501(c)	(5), or se	ction	
301(0)(0).			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
answered "Yes." Dues, assessments and similar amounts from members				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	tical	-		
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν ν	xcess	3		· · ·
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		3		· · · · · · · · · · · · · · · · · · ·
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		3 4 5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Family Policy Foundation **Employer identification number** 46-4577178

	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and allegan and allegan						
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year		and from do						
5	Did the organization inform all donors and donor advisors in	-	sed funds Yes No						
6	are the organization's property, subject to the organization's								
6	Did the organization inform all grantees, donors, and donor a								
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose	Yes No						
Pai		nanization answered "Yes" on Form 990							
1									
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area								
	Protection of natural habitat Preservation of a certified historic structure								
	Preservation of open space	Treservation of a cer	tilled historie structure						
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last						
_	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
c		ructure included in (a)	2c						
		• •							
	listed in the National Register	•	2d						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax						
	year >								
4	Number of states where property subject to conservation ea	sement is located >							
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements i	t holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year						
									
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year						
	▶ \$								
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170							
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No						
9	In Part XIII, describe how the organization reports conservati								
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for						
Par	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or C	Other Similar Assets						
1 4	Complete if the organization answered "Yes" on Form		Mier Girmar Assets.						
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art						
IG	historical treasures, or other similar assets held for public ext	·	•						
	the text of the footnote to its financial statements that descri		ande of public service, provide, arr arryin,						
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e	-							
	relating to these items:	addation, or resourer in farther arise of pe	abile deliving, provide the fellowing amounts						
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$						
	(ii) Assets included in Form 990, Part X	-	\$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide						
_	the following amounts required to be reported under SFAS 1		g, provide						
а	Revenue included on Form 990, Part VIII, line 1		> \$						
	Assets included in Form 990, Part X		S						

		ellections of A		al Traca	a au Oth			1 1 1 1 O		
<u> </u>			•		· · · · · · · · · · · · · · · · · · ·					_
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how they fu	ther the o	rganızatıon's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be ma							Yes	□ N	lo
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the orga	nzation an	swered "Yes" o	n Form 990	D. Part IV.	line 9, or		_
	reported an amount on Form 990, Par	t X, line 21.	· ·							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contri	butions or	other assets no	t included				_
	on Form 990, Part X?		•					Yes	\square N	lo
h	If "Yes," explain the arrangement in Part XIII a	and complete the fo	Illowing table:							_
	Troo, oxplain the arrangement in arrain a	and complete the le	mouning table.					Amount		_
С	Beginning balance					1c	-	Amount		_
	Additions during the year					1d				—
	Distributions during the year		•							—
e	• ,					1e				—
1	Ending balance	000 D. IV I	04 6					Tv	T-1-	
	Did the organization include an amount on Fo					•		」Yes	H	o
_	If "Yes," explain the arrangement in Part XIII								<u></u>	—
Par	t V Endowment Funds. Complete if									
	-	(a) Current year	(b) Prior ye	ar (c)	Two years back	(d) Three y	ears back	(e) Four ye	ears bac	<u>K</u>
1a	Beginning of year balance						,			_
b	Contributions									_
C	Net investment earnings, gains, and losses									_
d	Grants or scholarships									_
е	Other expenditures for facilities							ĺ		
	and programs									
f	Administrative expenses									
g	End of year balance									_
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, coli	ımn (a)) he	eld as:	·-				_
а	Board designated or quasi-endowment	•	%	` "						
b	Permanent endowment	%	_							
	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the possess	-	ation that are	neld and a	dministered for	the organi	zation			
Ju	by:	solori or the organiza	ation that are	icia ana a	diriiriistered for	tric organi.	Lacion	Ī	es N	_
	(i) unrelated organizations							3a(i)	03 14	<u>-</u>
	(ii) related organizations							3a(ii)	-	_
_	.,	tions listed as roqui	rad an Cabadi	ılo D2					\rightarrow	—
	If "Yes" on line 3a(ii), are the related organizate			ile n (3b		—
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment lunus							
Fai			Dow 11/ June	110 000 5	000 D-+\	/ lime 40				
_	Complete if the organization answered						 			_
	Description of property	(a) Cost or o		Cost or o	1 ' '	Accumulate		(d) Book v	value	
		basis (investr	rient)	basis (othe	er) de	epreciation				
	Land	ļ								_
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B)	line 10c.)				<u>-</u>	0).

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	}
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	. ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	edule D (Form 990) 2015 Family Policy Foundati		46-4577178 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S		nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		ļ. ļ
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.		5
Paı	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4c

5

Part X, Line 2:

c Add lines 4a and 4b

UNCERTAIN TAX POSITIONS

The consolidated financial statement effects of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the consolidated statements of activities. As of September 30, 2016, FPF had no uncertain tax positions that qualify for recognition or disclosure in the consolidated financial statements.

Schedule D (Form 990) 2015 Family Policy Foundation	46-4577178 Page 5
Schedule D (Form 990) 2015 Family Policy Foundation Part XIII Supplemental Information (continued)	
	
	
	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** Family Policy Foundation 46-4577178 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Family Policy Council							
4853 S Orange Ave, Suite C						1	Educate citizens in
Orlando, FL 32806	52-2436800	501(c)(3)	145,000.	0.		_	Biblical citizenship
North Carolina Family Policy							
Council - 343 East Six Forks Dr -							Educate citizens in
Raleigh, NC 27609	56-1751596	501(c)(3)	25,000.	0.			Biblical citizenship
Michigan Family Forum							
PO Box 15216					}		Educate citizens in
Lansing, MI 48901	38-2906382	501(c)(3)	45,500.	0.			Biblical citizenship
The Family Leader Foundation, Inc.							
PO Box 42245							Educate citizens in
Urbandale, IA 50323	42-1461169	501(c)(3)	30,000.	0.			Biblical citizenship
·							
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in the	ne line 1 table		<u> </u>	<u></u>	<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Do Part III can be duplicated if additiona	mestic Individuals space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
						1
						_
		,				
		i				
<u></u>						
Part IV Supplemental Information. Provide	the information reg	uired in Part I, lın	e 2, Part III, column	(b), and any other a	dditional information.	
Part I, Line 2:						
These requests for finance	cial assis	tance ar	e in suppo	ort of prog	ram	`
activities that are in a	greement w	ith our	organizati	onal purpo	se. We	
discuss with the potentia	al grantee	the pro	jects invo	lved and h	ow the	
requested funds are going	g to be us	ed. We	also monit	or the act	ivities	
involved and request fol	low-up inf	ormation	as necess	ary.		
		·				
						
532102 10-28-15						Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Family Policy Foundation

Employer identification number 46-4577178

Schedule J (Form 990) 2015

Questions Regarding Compensation No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(6)(1)(0)	reported as deferred on prior Form 990
(1) Thomas A. Minnery	Τω	0.	0.	0.	0.	0.	0.	0.
Former President/CEO	(i) (ii)	134,129.	300.	0.	7,909.	2,478.	144,816.	0.
	(1)							
	(ii)							
	(1)							
	(ii)							
	(i)							
	(ii)						_	
	φ							
	(ii)							
	(1)						_	
	(ii)							
	(1)						<u> </u>	
	(ii) (i)							
	(ii)						-	
	(1)		_				_	
	(ii)							
	(1)							
	(ii)							
	(1)							
	(ii)							
	(i)							
	(ii)							
	Ţψ						ļ	
	(ii)	-				· · · · · · · · · · · · · · · · · · ·		
	(1)							
	(ii)							
	(i) (ii)			-			-	
	147							
	(i) (ii)							
	1711)			<u> </u>	<u> </u>		<u> </u>	,

Schedule J (Form 990) 2015 Family	Policy Foundation	46-4577178	Page 3
Part III Supplemental Information			
Provide the information, explanation, or descriptio	ns required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for	Part II. Also complete this part for any additional information.	
		777.	
			- ,
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			
· · · · · · · · · · · · · · · · · · ·			
<u> </u>			
·		Schedule J (Form	990) 2015

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open To Public Inspection

Name of the organization

Family Policy Foundation

Employer identification number 46-4577178

Pai	rt I Types of Property	.						
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution amounts reported on	Method of de			
		applicable	contributions or litems contributed	Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art							
2	Art - Historical treasures		i					
3	Art - Fractional interests						-	
4	Books and publications							
5	Clothing and household goods	- · · · · -						
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	63,074.	<u> </u>			
10	Securities - Closely held stock				<u> </u>			
11	Securities - Partnership, LLC, or			-	<u> </u>			
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -				· · · · · · · · · · · · · · · · · · ·			
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential				-			
16	Real estate - Commercial		i					
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies					_		
21	Taxidermy							
 22	Historical artifacts							
 23	Scientific specimens						-	
24	Archeological artifacts							
2 5	Other ()			,				
26	Other ()							
27	Other (-	
28	Other ()							
<u>29</u>	Number of Forms 8283 received by the organic	zation durin	o the tax year for c	contributions				
	for which the organization completed Form 82		-					
	To this of gainzation completes to the			goo	· · · · · · · · · · · · · · · · · · ·		Yes	No
30a	During the year, did the organization receive b	v-contributio	on any property rec	oorted in Part I, lines 1 throi	igh-28-that-it			
	must hold for at least three years from the date	-			_	i		ı
	exempt purposes for the entire holding period			7		30a		X .,
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance i	policy that re	equires the review	of any non-standard contrib	outions?	31	X	
	Does the organization hire or use third parties	-	-	-				
	contributions?		J	. , ,	-	32a		х
b	If "Yes," describe in Part II.		•		•			
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked.			
	describe in Part II.		yp p- spo	,				

Schedule M (Form 990) (2015) Family Policy Foundation	46-4577178	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information	and whether the organiza unation of both. Also com	ation
Schedule M, Part I, Column (b):		
The number of contributions received.		

		•

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

OMB No 1545-0047

Name of the organization

Family Policy Foundation

Employer identification number 46-4577178

Form 990, Part III, Line 4a, Program Service Accomplishments: friends and the general public to raise their voices on issues such as God's design for marriage between one man and one woman, the sanctity of human life from fertilization to natural death and the protection of religious freedom and rights of conscience. Form 990, Parts V and IX: Explanation of Employees and Compensation Family Policy Foundation does not have any employees of its own or make any related payroll filings, such as Form W-3. Therefore "0" is reported on Form 990, Part V, Line 2a. However, Family Policy Foundation does reimburse its related organization, Family Policy Alliance, for work FPA employees perform for FPF. This reimbursed compensation is the compensation reported on Form 990, Part IX, Lines 5 and 7. Form 990, Part VI, Section A, line 4: The organization has changed its name from CL Foundation, Inc. to Family Policy Foundation. Form 990, Part VI, Section B, line 11: Form 990 was reviewed in detail by the Treasurer and Board of Directors.

copy of Form 990 was provided to all Board members before filing.

Schedule O (Form 990 or 990-EZ) (2015) Page 2 **Employer identification number** Name of the organization Family Policy Foundation 46-4577178 legal counsel. Form 990, Part VI, Section B, Line 12c: The Conflict of Interest Policy is reviewed annually during a Board of Directors meeting. Annual Disclosure Statements are signed by Directors, Officers and all employees and reviewed by the VP Strategic Ops. Form 990, Part VI, Section B, Line 15: Family Policy Foundation shares certain board members and officers with Family Policy Alliance, a related organization. Family Policy Foundation reimburses Family Policy Alliance for the work Family Policy Alliance's employees (including officers) perform for Family Policy Foundation. Below is the process that Family Policy Alliance uses in setting officer compensation. The Board of Directors determines compensation of the organization's CEO by reviewing survey information, comparability data and contemporaneous documentation. All these deliberations and decisions regarding compensation are documented as they occur. The voting members of the Board are independent Directors of the organization's Board of Directors. Compensation of other executive personnel is determined by the CEO after reviewing survey information, comparability data and contemporaneous documentation.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Family Policy Foundation	Employer identification number 46-4577178
AL,AK,AZ,CO,FL,GA,HI,IL,KY,LA,MD,MN,MO,NH,NC,ND,TN,UT,VA,	WA,WV,WI,CA,MA,OH
SC, PA, NV	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents and confli	ct of interest
policy available to the public in accordance with the app	olicable laws.
The organization makes its financial statements and Form	990 available on
its website.	
FORM 990, PART XII, LINE 2C	
The Audit Committee of the Board of Directors reviews the	results of
the annual financial audit and oversees the selection of	the
independent auditors. There were no changes to this proc	ess from prior
years.	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Family Po	licy	Foundation				E	Employer identific 46-45771		ımber
Part I Identification of Disregarded Entities	Complete	if the organization answered "Yes"	on Form 990, Part IV, line 33	3.	· · ·				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco		e) ear asset	ts Direct co	f) ontrolling tity	j
									_
Part II Identification of Related Tax-Exempt organizations during the tax year.	Organiza	tions Complete If the organization a	nswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had on	e or mor	re related tax-exem	npt	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio	blic charity Direct co		Section 5	olled
			,,,		501(c)(3))			Yes	No
Family Policy Alliance - 20-0960855 8655 Explorer Dr. Colorado Springs, CO 80920		Inspire people to live out biblical citizenship that transforms culture	Colorado	501(c)(4)		Fami: Allia	ly Policy ance		x

Part III	Identification of Related Organization	ons Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 becape during the tax year.	ause it had one or more related
	organizations treated as a partnership	during the tax year.	

(a) Name, address, and EIN of related organization (b) Primary activity Of related organization (c) Legal Gomicile (state or foreign country) (a) Primary activity Of related organization (b) Primary activity Of related organization (c) Legal Gomicile (state or foreign country) (related, unrelated, excluded from tax under sections 512-514) (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (b) Share of total income end-of-year assets (b) No No No No No No No No No No No No No
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) In the country of related organization Primary activity Legal domicile (state or foreign country) In the country of related organization Predominant income (related, unrelated, unrelated, excluded from tax under sections 512-514) Share of total income of end-of-year assets Predominant income (related, unrelated, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Primary activity Legal country of related organization Share of total income of end-of-year assets Predominant income of related organization Name, address, and EIN of related organization In the country of total income of end-of-year assets Name, address, and EIN of total income of end-of-year assets Name of total inc
Country Coun
Country Sections 512-514 Yes No K-1 (Form 1065) Yes No

Part IV ldentification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
	1								
	 1					1			
									\Box
	1						•		
	1								
									\vdash
						:	1		
	1								
					_				T

	1					1			
									†
	1								1

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	············							
Not	te. Complete line 1 if any entity is listed in Par	is II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization eng	gage in any of the following transaction	s with one or more re	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royal	ties, or (iv) rent from a controlled entity	/			1a		X
b	Gift, grant, or capital contribution to related	organization(s)				1b		X
C	Gift, grant, or capital contribution from relate	ed organization(s)				1c	T	X
d	Loans or loan guarantees to or for related or	ganization(s)				1d		X
е	Loans or loan guarantees by related organiz	ation(s)				1e		X
		• •					1	
f	Dividends from related organization(s)							X
g	Sale of assets to related organization(s)					1g	\top	Х
_	Purchase of assets from related organization	n(s)				1h	1	Х
i	Exchange of assets with related organization					1i	\top	Х
j	Lease of facilities, equipment, or other asset	• •				1j	1	X
•		• , ,					1	
k	Lease of facilities, equipment, or other asset	s from related organization(s)				1k		X
ī	Performance of services or membership or f	undraising solicitations for related orga	anızation(s)			11		X
m	Performance of services or membership or f	-				1m	\top	X
n	Sharing of facilities, equipment, mailing lists,	or other assets with related organizati	ion(s)			1n	X	
0	Sharing of paid employees with related orga	nization(s)	• •			10	Х	
		`,						
p	Reimbursement paid to related organization	(s) for expenses				1p	X	
•	Reimbursement paid by related organization	• • •				1g	Х	1
-1	,	(-)				- 13	†	†
r	Other transfer of cash or property to related	organization(s)				1r		X
s	Other transfer of cash or property from relat	ed organization(s)				1s		X
2	If the answer to any of the above is "Yes," s	ee the instructions for information on w	vho must complete ti	nis line, including covered	relationships and transaction thresh	olds.		
	(a)		(b)	(c)	(d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Family Policy Alliance	N	23,397.	Actual Expenses Incurred
(2) Family Policy Alliance	0	928,046.	Actual Expenses Incurred
(3) Family Policy Alliance	P	438,124.	Actual Expenses Incurred
(4) Family Policy Alliance	Q	79,707.	Fair Market Value
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percentage ownership
						·				
									:	

Schedule R (Form 990) 2015	Family Policy Foundation	46-4577178 Page 5
Schedule R (Form 990) 2015 Part VII Supplemental In	nformation	
Provide additional inf	formation for responses to questions on Schedule R (see instructions).	
T TOVIGE additional in	official for responses to questions on conecute 11 (500 met dottors).	
		
		·····
-		
	<u> </u>	
	<u> </u>	-
		
		
	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·		
		······
		



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 07/20/2016 11:00 AM

ID Number: 20131657833

Document number: 20161484004

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number	20131657833						
1. Entity name	CL Foundation, Inc. (If changing the name of the corporation, indicate name before the name change)						
2. New Entity name (if applicable)	Family Policy Foundation						
3. (If the following statement applies, adopt the s Other amendments are attached.	statement by marking the box and include an attachment)						
4. If the nonprofit corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires	(mm/dd/yyyy)						
or							
If the nonprofit corporation's period o	f duration as amended is perpetual, mark this box						
5. (Optional) Delayed effective date	(mm/dd/yyyy)						
	d pursuant to other organic statutes such as title 12, C.R.S. If ude an attachment stating the additional information.						
acknowledgment of each individual causin individual's act and deed, or that the individual is consistent on whose behalf the individual is consistent with the requirements of part 3 of article 9	the secretary of state for filing shall constitute the affirmation or ng such delivery, under penalties of perjury, that the document is the idual in good faith believes the document is the act and deed of the causing the document to be delivered for filing, taken in conformity 00 of title 7, C.R.S., the constituent documents, and the organic						
	of that Part, the constituent documents, and the organic statutes.						
	dual who causes this document to be delivered to the secretary of med in the document as one who has caused it to be delivered.						
7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing	Jones J Hugh						
	(Last) (First) (Middle) (Suffix)						
	3472 Research Parkway Suite 104-433						
	(Street name and number or Post Office Box information)						

	Colorado Springs	CO	80920)
	(City)	(State) United		(Postal/Zıp Code)
	(Province – if applicable)	(Country –	ıf not US)	
(The document need not state the true name and of any additional individuals causing the docum	•	— "		
name and address of such individuals)				Ü

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.